
ADULT TRAUMA TRIAGE CRITERIA

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Any trauma patient with one or more of the following conditions requires communication and expeditious packaging and transportation to the closest most appropriate Trauma Center: **Anytime the patients airway cannot be adequately secured, transport to the closest appropriate receiving hospital for airway stabilization.** In areas, greater than twenty minutes from a trauma center, contact Trauma Base Hospital for medical control and for destination decisions, if at all possible.

A. PHYSIOLOGIC CRITERIA

1. GCS < 12
2. Systolic BP < 90mm Hg
3. Respiratory rate < 10 or > 29

B. ANATOMIC CRITERIA

1. Penetrating wounds to the head, neck, thorax, abdomen, pelvis, or extremities proximal to the elbow or knee including impaled objects
2. Chest injuries resulting in an unstable chest wall, flail chest or significant echymosis
3. Trauma resulting in paralysis, suspected spinal cord injury or loss of sensation
4. Two or more proximal long bone fractures
5. Any geriatric or special needs patient who has suffered a major injury and/or where physical examination or assessment is difficult
6. Pelvic fractures
7. Amputations proximal to wrist or ankle
8. Major tissue disruption
9. Traumatic burns (In San Bernardino County contact ARMC)
 - a. Partial thickness burns > 10% TBSA
 - b. Burns that involve the face, hands, feet, genitalia perineum or major joints
 - c. Third degree burn
 - d. Electrical burns, including lightning injury
 - e. Chemical burns
 - f. Inhalation burns

C. MECHANISM OF INJURY CRITERIA

1. Surviving victims of any vehicular accident in which fatalities occurred in the same passenger compartment
2. High energy event - risk of severe injury
3. Falls greater than twenty (20) feet
4. Auto-pedestrian / auto-bike > 5 mph impact or patient thrown or rider run over
5. Persons ejected from any motorized vehicle
6. Patients requiring extrication greater than 20 minutes

D. ADDITIONAL CRITERIA

1. If there is a clear history of a loss of consciousness and none of the above criteria are met, then contact a trauma base for physician consultation to determine appropriate patient destination.
2. Any patient exhibiting one or more of the above criteria shall be called into a Trauma Center Base Hospital for medical oversight and consultation as to destination and treatment.